

**REQUEST FOR PERSONALIZED COLLEGIATE LICENSE PLATE  
PERSONALIZED PLATE FEE OF \$25.00 MUST ACCOMPANY THIS FORM**

**Read the back of this form carefully before completing. When completed, return it, and the \$25.00 personalized fee to the following address:**

DEPARTMENT OF FINANCE AND ADMINISTRATION  
REVENUE DIVISION - SPECIAL LICENSE UNIT  
P.O. BOX 1272  
LITTLE ROCK, AR 72203

**Following are the participating colleges in the collegiate license plate program. Check the box of the personalized collegiate plate you are ordering.**

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|--|---|
| <input type="checkbox"/> University of Arkansas at Fayetteville (Razorbacks)   | <input type="checkbox"/> Arkansas State University at Jonesboro (Indians) |
| <input type="checkbox"/> University of Central Arkansas at Conway (Bears)      | <input type="checkbox"/> University of Arkansas at Little Rock (Trojans)  |
| <input type="checkbox"/> Southern Arkansas University at Magnolia (Muleriders) | <input type="checkbox"/> Henderson State University (Reddies)             |

Printed name and address of vehicle owner as shown on registration certificate.		
Name		
Address		
City, State, Zip		

Current Arkansas License Plate No.	Operator or Chauffeur's License No.	Telephone No. (Optional)

The local Revenue Office **cannot** research a request for availability. The request must be submitted to the Special License Unit. No search requests may be completed by phone.

I hereby request the following personalized collegiate license plate number and certify that my registration privileges have not been suspended or revoked.

**List three (3) choices, in order of preference.** Please do not request a combination that you do not want. Please make sure all letters are capitalized and numbers written clearly.

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After choice has been accepted with the \$25.00 fee, there can be no change or refund of fee.

Personalized plates are ordered the first of every month. New plates should return to this office within eight (8) to ten (10) weeks after the order goes to the factory.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY SPECIAL LICENSE UNIT. DO NOT WRITE BELOW THIS LINE**

License Ordered \_\_\_\_\_ Order Date \_\_\_\_\_

Agent Signature \_\_\_\_\_ County \_\_\_\_\_

Date Recd.

Check #

Date Approved

Special Fee